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| Mitchell3S. Bigel, #29,614 | (Depositor's name) |
|----------------------------|--------------------|
| Mured Bele | (Signature) |
| August 11, 2004 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR ATTORNEY DOCKET NO. | | CONFIRMATION NO. |
|-----------------|-------------|--|-------------|------------------|
| 10/677 350 | 10/02/2003 | Zhibo Zhang | *5051-531DV | 9811 |

TITLE OF INVENTION: VERTICAL FIELD EFFECT TRANSISTORS INCLUDING CONFORMAL MONOCRYSTALLINE SILICON LAYER ON TRENCH SIDEWALL

| APPLN. TYPE | SMALL ENTITY | ISSUE PE | :B | PUBLICATION FEE | TOTAL | FEE(3) DOE | DATEBOL |
|---|-------------------------------|----------------------------|---|--|--------------------|---|------------------------------|
| nonprovisional | YES | \$665 | | \$300 | | \$965 SHOSSEND 0000 | 10/13/2004 00048 10677350 |
| EXAM | MINER | ART UNI | Т | CLASS-SUBCLASS | | MINDULIE VVV | |
| NGUYE | N, DAO H | 2818 | | 257-302000 02 | FC:2501 FC:1504 | | 665.00 OP 300.00 OP |
| 1. Change of correspondence CFR 1.363). | e address or indication of "F | ee Address" (37 | - | nting on the patent front page, I ames of up to 3 registered pate | | *************************************** | 30.00 OP Bigel Sibley |
| ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | | or agents OR, alternatively, (2) the name of a single firm (having as a member a | | & Sajovec 2 | | |
| ☐ "Fee Address" indication (or "Fee Address" lr PTO/SB/47; Rev 03-02 or more recent) attached Number is required. | | of a Customer 2 registered | | tered attorney or agent) and the names istered patent attorneys or agents. If no l, no name will be printed. | | 3 | |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

North Carolina State University

Raleigh, NC

| Please check the appropriate assignee category or categories (will 4a. The following fee(s) are enclosed: | not be printed on the patent); individual Corporation or other 4b. Payment of Pec(s): | er private group entity |
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| ✓ Issue Fee | A check in the amount of the fee(s) is enclosed. | |
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| X Advance Order - # of Copies 10 | The Director is hereby authorized by charge the required Deposit Account Number 50-0220 (enclose | I fee(s), or credit any overpayment, to e an extra copy of this form). |

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

□ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signa) (Date)

This collection of information is required by 37 CMR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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